

# Special Bulletin

For professional and facility providers

December 1, 2022

## Two Injectables to Require Prior Authorization Beginning March 1, 2023

Effective **March 1, 2023**, the two injectable drugs below will require prior authorization before those medicines can be administered to Highmark members. Highmark will revise its **List of Procedures/DME Requiring Authorization** by adding the following procedure codes on March 1, 2023:

Procedure Code	Generic	Brand
J7331	1% sodium hyaluronate	SynoJoynt
J7332	Sodium hyaluronate	Triluron

**Note:** These drugs will not require authorization and will not appear on the all-inclusive authorization list on the Provider Resource Center **until the effective date**, March 1, 2023. Plan-preferred product considerations may apply in line with member benefits. Please confirm the most up-to-date coverage criteria outlined in Highmark's applicable Medical Policies, available on the Provider Resource Center.

The **List of Procedures/DME Requiring Authorization** for Highmark is subject to change. During the year, Highmark makes several adjustments to the full list of outpatient procedures, services, durable medical equipment, and drugs requiring authorization.

Providers should use [NaviNet](#)<sup>®</sup> or the applicable HIPAA electronic transactions to check member benefits and eligibility, to verify if an authorization is required, and to obtain authorization for services. If you are a Highmark network provider and have not signed up for NaviNet, learn how to do so [here](#). [NaviNet](#) is a quick, easy way to submit authorizations and other payer/provider transactions to Highmark.

For more information on obtaining prior authorization or viewing the current list, please visit the Provider Resource Center, select **CLAIMS, PAYMENT & REIMBURSEMENT** on the left menu, and click **Procedures/Service Requiring Prior Authorization**. For benefits to be paid, the member must be eligible on the date of service and the service must be a covered benefit.

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